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FOR INFORMATION

STATEMENT BY ROBERT THOMSON, PRESIDENT, NON-GOVERNMENTAL ORGANIZATIONS COMMITTEE ON UNICEF

1. It is again a pleasure and a privilege to address these few words on behalf of the Non-Governmental Organizations (NGO) Committee on UNICEF, through you, distinguished Chairperson, to the members of the UNICEF Executive Board. I am happy to share with you some thoughts from the NGO world on the future we are facing.

2. We stand together at a crossroads for the nations, convinced that the well-being of today's children and mothers can be enhanced through global co-operation and political will. We have been left breathless by the pace of change in world affairs, and appreciate that UNICEF and members of the Executive Board have reacted so quickly and effectively to ensure that children will be the first to benefit from the current humanization of international relations.

3. The forthcoming World Summit for Children provides opportunities and challenges for all of us. The NGO community is aware, however, that the needs of children and their families today will not be met simply by making a slogan or a logo universally popular, nor by a photo opportunity for Heads of State and Government with a few well-chosen images of children. The challenge is to act now, together, imaginatively, firmly and reasonably. The NGO Committee, together with the Division of Public Affairs, is already organizing to assist in national and international preparations for the Summit. Beginning with the NGO Forum, followed by meetings of the leadership of key international NGOs and youth organizations, and a major United Nations consultation of 1,000 NGOs scheduled for mid-September, the NGO community in general, and the NGO Committee more specifically, is mobilizing NGOs to lay the groundwork for the Summit and already discussing critical issues of follow-up.

4. The future of our planet and its children depends on our successfully integrating community, national and international development strategies. We must

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ensure that our colleagues in development agencies, cabinets, finance ministries, board rooms, town halls and village councils consider the consequences for children in each of their economic, social and political decisions. The Summit is not just a two-day event, it is a process that leads to and follows the September meetings, and implies similar such "summits" at every level of responsibility.

5. Could 1990 be the beginning of a decade where we really reach the unreached? This Board and its distinguished delegates can make a precious gift to the children we serve and at the same time a mark on eternity by taking personal responsibility to see that the year of the Summit for Children is remembered as the year that ushered in a decade in which the powerful and influential abandoned their prides and prejudices and responded to the weakest, the vulnerable, the poorest and, finally, acted to reach them. The NGO Forum on Thursday and Friday of this week, to which you are warmly invited, will reflect on the theme "Reaching the Unreached - Challenges and Failures" in order to develop solution-oriented strategies to promote this process. I invite you all to read our conclusions which we will circulate during this Board session.

6. The NGO Forum is one of the major manifestations of the NGO Committee of its desire to make preparations for the Summit a time of real exchange between Governments and people, leading to new approaches for solving development problems. As a result of these Summit preparations, Governments, NGOs and UNICEF will have concrete suggestions for achieving access of all children to their rights, to education and to health. This forum is a clear example of partnership, alliance-building and advocacy in action.

7. The NGO Committee on UNICEF has been in more frequent dialogue throughout the past year with the respected members of this Board, through the missions in New York and Geneva and through working relationships that our member organizations have in national settings with Governments. Help and support, as well as a rich exchange of ideas, have been the result. It has been a two-way process.

8. The major points of mutual concern between Governments, NGOs and UNICEF remain:

(a) The access of all children, including the poorest, to the basic services of health, nutrition, water and sanitation that will secure their future;

(b) The urgent need for ratification and implementation of the Convention on the Rights of the Child;

(c) The effective application of the principles of Education for All.

9. The various national and international members of the NGO family are working to ensure that Governments are helped towards ratification by providing information, documenting the legal situation of children and providing briefings for the media and parliamentarians. We look forward to working with Governments to accelerate the ratification process and to prepare for systematic implementation of the Convention.

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10. A new and exciting development has been the awakened interest of young people in global issues. In the industrialized and developing countries, gatherings of young people are being organized in order to share with them the content of the Convention and to identify ways in which they can themselves promote children's human rights.

11. As reflected in the evaluation of UNICEF external relations, a most fruitful element of UNICEF collaboration with external partners has been its programmatic co-operation with NGOs.

12. Good working relations also exist with the Standing Group of National Committees for UNICEF. This climate of co-operation is one that could be a model for our national affiliates in many countries.

13. This year the NGO Committee has placed major emphasis on building new alliances with other United Nations agencies, including the Department of Public Information, the Centre for Human Rights and the sponsors of the Education for All initiative.

14. We have an excellent example of this in the highly successful World Conference on Education for All that took place in March 1990. The NGO Committee on UNICEF worked most successfully with the inter-agency conference secretariat, a number of donors, United Nations offices and other NGO networks to mobilize NGOs to participate in the conference and pave the way for the important follow-up steps that will make "Education for All" a reality. Capitalizing on our great freedom of action, the sponsors of the conference sought the full participation of NGOs at Jomtien precisely because many NGOs are on the "cutting edge" of educational innovation.

15. Reducing gender disparity through more educational opportunities for women and girls was one of the challenges the NGOs have made their own. NGOs deliver vast non-formal education programmes in areas of early childhood development, basic literacy, numeracy and essential skills. In doing so, they show that universal basic education can be a vehicle for improved health, effective population education and more successfully sustained development.

16. Jomtien was a watershed in putting responsibility for education into the hands of people and not just education managers and theoreticians. The participation of NGOs as full delegates to the conference is evidence of a new appreciation of the importance of popular alliances in meeting development goals. We in the NGO community are initiating plans to create a task force through which we will increase our global communication networks and do all in our power to bring education to the 100 million children, 60 per cent of whom are girls, who have no access to basic education. We hope that we will benefit from UNICEF support in this endeavour. "Reaching the Unreached: Challenges and Failures" is a first step NGOs have taken in response to the World Declaration of Education for All.

17. It has been a busy year for all those involved in promoting children's well-being, as our Committee report will show. However, resting on laurels is a privilege that no one in this room would give himself. On behalf of our Committee, let me wish you what we wish for ourselves - no rest until every child has a healthy, happy and productive future.

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STATEMENT BY HELEN KELLER INTERNATIONAL

Nutrition strategies for the 1990s

1. Helen Keller International, a non-profit organization specializing in blindness prevention, sight restoration and rehabilitation of the incurably blind, applauds UNICEF on the formulation of the strategy for improved nutrition of children and women in developing countries as contained in document E/ICEF/1990/L.6.

2. We are delighted that UNICEF has selected nutrition, including the control of vitamin A deficiency, as a priority area of intervention for the 1990s. We appreciate the many years of UNICEF advocacy and involvement in vitamin A deficiency intervention and particularly its new commitment to the "virtual elimination of blindness and other consequences of vitamin A deficiency".

3. We believe that the commitment and continued support of UNICEF in vitamin A deficiency intervention is essential and appropriate. Because malnutrition most seriously affects young children, UNICEF has a special mandate and responsibility to improve the overall nutritional status of women and children, including the control of micronutrient deficiency diseases such as vitamin A deficiency.

4. As stated in document E/ICEF/1990/L.5, approximately 500,000 children under five years old lose their sight every year because of vitamin A deficiency; and two thirds of these children die. Vitamin A deficiency also leaves the child vulnerable to diarrhoea, respiratory infections and death from measles, thus posing threats to child survival. New data, recently available and presented at the International Vitamin A Consultative Group (IVACG) meeting in Nepal (5-10 November 1989), suggested that the replenishment of vitamin A stores in deficient populations effectively reduces mortality.

5. The study conducted in Madurai, India, where researchers used a low-dose vitamin A supplement equivalent to the amount of vitamin A available from food consumed by children at the recommended daily intake, demonstrated a 60 per cent reduction in deaths. Previous studies in Indonesia, and available evidence elsewhere, suggested a similar linkage of vitamin A deficiency and child mortality.

6. The linkage of vitamin A deficiency and measles is of particular importance to those concerned with child survival. Evidence shows that measles is an important risk factor for the development of severe vitamin A deficiency and blindness in Africa, as well as in some countries in Asia. Vitamin A status at the time of measles infection seems to be critical to the outcome. Measles kills 2 million children each year, accounting for more than one half of deaths attributable to the six universal child immunization target diseases. Mortality associated specifically with measles may be greatly reduced by providing adequate supplies of vitamin A. The World Health Organization, UNICEF and IVACG have recommended vitamin A supplementation for children with measles.

7. We appreciate UNICEF leadership over the past two decades in its promotion of intervention measures, especially the distribution of mega-dose vitamin A capsules to vulnerable groups in a number of countries. The resources provided and systems developed in collaboration with government and non-governmental organizations have provided a model for the strategies and concepts outlined in document E/ICEF/1990/L.6. The potential to integrate the distribution of vitamin A capsules into the existing expanded programme on immunization system to reach vulnerable infants and post-partum mothers should be encouraged in order to reach children who do not receive care through existing health services.

8. Helen Keller International recognizes that the distribution of vitamin A capsules is a short-term intervention and has been involved in the development and implementation of longer-term strategies such as nutrition education and social marketing approaches that have been carried out in Bangladesh and Indonesia. We are encouraged by favourable results of these efforts.

9. UNICEF and Helen Keller International have enjoyed a successful partnership in the control and prevention of vitamin A deficiency in several countries, creating awareness and soliciting efforts from other international and non-governmental agencies to become part of this process. Its collaborative and complementary efforts have resulted in the development of national policies and plans for the control and prevention of vitamin A deficiency, intervention activities and increased awareness.

10. Helen Keller International commends UNICEF for its focus on vitamin A deficiency as part of its strategy for improved nutrition of children and women in developing countries and stands ready to work alongside UNICEF in this new challenge for the 1990s.

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STATEMENT BY THE INTERNATIONAL AGENCY FOR
PREVENTION OF BLINDNESS

Nutrition goals and strategies for children in the 1990s

1. As reported in The State of the World's Children 1990, some 40,000 children die every day - about one every two seconds - more than one half of them from readily preventable causes. A substantial number are also left disabled. Vitamin A deficiency is one of the lethal and disabling nutritional causes that is preventable. It is estimated that 5 million children develop xerophthalmia (the potentially blinding eye disease) annually, leaving them either temporarily or permanently disabled by impaired sight. In addition, the number of children affected subclinically is estimated to be 25 million to 50 million more. These children, as well as those who are clinically deficient, are at a substantially elevated risk of dying should they contract an infectious disease. The scientific basis for this comes from recent data reported from south India which confirms earlier studies from Indonesia that in areas where vitamin A deficiency is endemic, improving vitamin A nutrition significantly enhances child survival.

2. The UNICEF child survival and development (CSD) strategy has saved several million lives through interventions related to growth monitoring, oral rehydration, breast-feeding and immunization. The renewed emphasis on food supplementation, family (child) spacing and female literacy can be expected to complement CSD efforts.

3. The International Agency for Prevention of Blindness (IAPB) wishes to emphasize that the effectiveness of each of these established interventions, which have recently been the subject of renewed emphasis, can be enhanced through the further integration of an appropriate vitamin A component, particularly in those areas of the world where children and women of child-bearing age are known or suspected to have an inadequate dietary intake of the vitamin. We stress that

vitamin A supplementation through capsule distribution, a programme for which UNICEF is well recognized and is to be commended, is only one possibility. The recent initiative to couple vitamin A prophylaxis with immunization schedules is applauded as another significant measure to reach vulnerable infants, young children and their mothers.

4. Food supplementation programmes will again present an opportunity to provide vitamin A-rich and fortified foods where they are already available, but more importantly, these programmes will provide opportunities to contribute to sustainable, long-term solutions to the problem. These programmes can be used to raise the awareness of the importance of eating foods rich in vitamin A to child health and survival by educating mothers in the appropriate preparation and use of locally available and affordable foods. Such training of both mothers and workers could also be made a part of diarrhoea treatment and prevention (oral rehydration therapy) programmes to assure an adequate post-diarrhoea diet. Family spacing and female literacy programmes also provide opportunities for educational approaches to raise the awareness of women about the importance to their own diets and the proper feeding of their children, including food sources of vitamin A. Only by feeding their families, and particularly their children, locally available and affordable foods that are rich in vitamin A can mothers become self-reliant in preventing the disabling and often fatal health consequences of vitamin A deficiency. We were pleased to see that these strategies have been incorporated in the document on strategies for improved nutrition of children and women in developing countries (E/ICEF/1990/L.6).

5. IAPB looks forward to the World Summit for Children and recommends that the positive role that adequate vitamin A nutrition can make to the prevention of childhood blindness and the promotion of child health and child survival be placed on the agenda and receive increased attention.

6. IAPB has national affiliates in many countries, including several in developing countries where nutritional blindness has been a major focus for preventive action. Therefore, in conclusion, we wish to express our strong support for the proposed goal for UNICEF action in the 1990s to bring about the "virtual elimination of blindness and other consequences of vitamin A deficiency" (E/ICEF/1990/L.5). We assure you of the continued co-operation of our agency in reaching this goal.

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STATEMENT BY LA LECHE LEAGUE INTERNATIONAL

1. Breast-feeding is an unequalled way of providing ideal food for the healthy growth and development of infants and has a unique biological and emotional influence on the health of both mother and child. 1/

2. The World Health Organization (WHO) has estimated that if every child were exclusively breast-fed for four months of life, mortality during the first five years of life would be reduced by nearly 10 per cent. 2/

3. Breast-feeding prevents diarrhoea, which kills at least 3.5 million children each year. Bottle-feeding is recognized the world over as a major cause of diarrhoea in children. Research in India and Canada found that infants who were bottle-fed were three times more likely to contract diarrhoea. 3/ Few other interventions have been shown to be as effective in preventing diarrhoea among infants as breast-feeding. A recent study in Brazil found that infants who received both breast milk and other milk were 4.2 times more likely to die from diarrhoea than those who were exclusively breast-fed, while those who received no breast milk were 14.2 times more likely to die. 4/

4. Breast-feeding is nature's first immunization and one that should never be missed. Breast-feeding should be seen as a passive form of immunization that assists, together with trans-placentally acquired maternal antibodies, in protecting the infant prior and during the time of acquiring active immunity through vaccination. Infants in Brazil who received no breast milk were found to have a risk of death from respiratory infections 3.6 times that of exclusively breast-fed infants. 5/

5. Breast-feeding promotes growth and the healthy development of the human species and is a pure natural resource that does not tax the environment. 6/ For every 3 million bottle-fed babies, 450 million tins of formula are used. The resulting 70,000 tons of metal in the form of discarded tins is not recycled. 7/

To boil water properly for bottle feeding requires 90 minutes a day. It takes 200 grams of wood to boil one litre of water, so that in one year feeding a child artifically requires 73 kilograms of wood. 8/

6. Breast-feeding constitutes one of the most significant interventions available to mothers in achieving better birth spacing. In fact, despite all the significant advances made in the development and delivery of contraceptive methods and services, breast-feeding today still accounts for more spacing of pregnancies than any other currently available technique or method. 9/

7. Breast milk and breast-feeding are the most cost-effective methods of infant feeding. A comprehensive study from Indonesia calculated that the cost of producing sufficient human milk to feed an infant was about $0.05 per day or about $1.62 per month. 10/ In the Philippines, in 1989 the cost of feeding a newborn artifical baby milk is 40 per cent of the average monthly wage. 11/

8. Because of the overwhelming evidence that breast-feeding is best for both mother and child, La Leche League International recommends that UNICEF:

(a) Support breast-feeding as the right of all infants from birth;

(b) Increase funding to specific breast-feeding programmes in support of the WHO/UNICEF goal for the 1990s, i.e., enabling all mothers to breast-feed their infants exclusively for four to six months and continue with complementary foods for two years or longer. In addition, other health programmes should promote breast-feeding. Breast-feeding must also be a part of immunization, growth monitoring and promotion and the control of acute respiratory disease and diarrhoeal diseases programmes;

(c) Recognize the importance of grass-roots support groups for mothers as essential for increasing the duration of breast-feeding and also make available funds for these groups to expand their work to reach the unreached. The La Leche League is ready to co-operate and collaborate with UNICEF to establish these support groups everywhere and assist those already in existence to become more effective in helping mothers to breast-feed.

9. Early initiation and establishment of breast-feeding are crucial to increasing breast-feeding. We support UNICEF/WHO efforts to change hospital practices and encourage UNICEF to make the protection, promotion and support of breast-feeding in maternity services a top programme priority. The publication of the joint WHO/UNICEF statement entitled "Protection, promoting and supporting breast-feeding: the special role of maternity services" is welcome.

10. Professional education and training for health-care workers is essential for the early establishment and continuation of breast-feeding. La Leche League International's annual physicians' seminar is an excellent training resource for UNICEF field officers and the physicians in their countries. UNICEF support of this seminar will help in the continuing education of professionals. The broadcasting of professional seminars is an efficient way to reach many health-care professionals. Translations of recent research are necessary to share the latest information for professional education.

11. Breast-feeding must be an integral part of programmes involved with safe motherhood because of the important role it plays in child spacing.

12. The economics of breast-feeding are a crucial factor as UNICEF attempts to reach the unreached. All efforts must be made to enable mothers to breast-feed, as they provide for their families' needs.

13. Advocacy and support for the development of national codes of marketing of breast milk substitutes that are based on the International Code as a minimum standard should continue. We encourage UNICEF to continue to support national efforts to implement the International Code of Marketing of Breast Milk Substitutes. Our 85,000 counsellors have 30 years' experience in helping millions of mothers to practice this style of feeding, especially in developed countries. There is at least one such leader in 46 countries. UNICEF country programmes should incorporate this valuable resource in their programmes.

14. UNICEF leadership in the production of top quality educational materials such as Facts for Life, numerous notes, slides and other publications and their distribution for the promotion and support of breast-feeding is commended and encouraged. These materials should be used in early childhood education through to primary and secondary education. Education is the key to changing the bottle-feeding norm that prevails in most cultures. Breast-feeding as the natural, expected way of feeding infants is the message children need to grow up with. La Leche League International is the leading expert on breast-feeding information and is available to work with UNICEF in the production of education materials.

15. UNICEF promotes the right to mothers' milk as a key topic at the World Summit for Children in September 1990. Breast-feeding is the natural, best way of feeding the world's children.

Notes

1/ Joint UNICEF/WHO statement, 1989.

2/ "Breastfeeding, Passport to Life", 1989.

3/ State of the World's Children 1986 report.

4/ C. G. Victora, "Evidence for protection by breast-feeding against infant deaths from infectious diseases in Brazil". The Lancet, 8 August 1987, pp. 319-322.

5/ C. G. Victora, et al., "Evidence for protection by breast-feeding against infant deaths from infectious diseases in Brazil". The Lancet, 13 August 1987, pp. 319-322.

6/ Statement by the International Organization of Consumers Unions at the International Baby Food Action Network (IBFAN) conference in Manila, Philippines, 1989.

Notes (continued)

7/ Derrick B. and Patricia E. F. Jellife, Human Milk in the Modern World. Oxford University Press, 1978.

8/ R. H. Gilman, and P. Skillikorn, "Boiling of drinking Water, can a fuel-scarce community afford it?" WHO Bulletin, 1985, 63(1), pp. 157-163.

9/ M. Carbello and A. Marin-Lira, "Patterns of breast-feeding, child health and fertility" (WHO/MCH/86.4), WHO, 1986.

10/ J. E. Rohde, "Mother's milk and the Indonesian economy: a major national resource", Journal of Tropical Pediatrics, 28(4), 1982, pp. 166-174.

11/ IBFAN forum in Manila, October 1989.

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STATEMENT BY THE INTERNATIONAL CATHOLIC CHILD BUREAU INCORPORATED

Developing strategies for children within the context of their spiritual and family life

1. For over 40 years, the International Catholic Child Bureau (ICCB) has been dedicated to serving the physical, social and spiritual needs of children world-wide regardless of their religious creed. Throughout our history, ICCB has facilitated action to address often forgotten needs in the lives of handicapped children, street children, children addicted to drugs, refugee children and children subject to sexual exploitation.

2. ICCB is always careful to promote the spiritual growth of the child, the rights of the child (particularly to education), the family and intercultural awareness. Some examples are detailed below.

3. Concerned with the lack of facilities for the growing numbers of younger drug addicts in Colombia, ICCB, together with other partners, has established a therapeutic community for 50 male minors (12 to 18 years old) near Bogota, the capital. The programme provides these young people with the opportunity to develop physically, mentally, socially and spiritually, as well as to take responsibility for their own actions, thoughts and feelings. Because their problems often originated in their own families, the programme works closely with the families to encourage them to deal with the problems together through mutual understanding and support. A report on the programme is available from ICCB.

4. In Zambia, ICCB has implemented a community-based mental health programme for Mozambican refugee women and children. The purpose of the programme is to alleviate the trauma caused by the refugee experience and the stress associated with daily events in the settlement. A report on the results of this programme is also available from ICCB.

5. Children who are physically handicapped are often prevented from participating in the community at large. In Côte d'Ivoire, the ICCB regional secretariat in Abidjan has co-ordinated a programme for operating on physically handicapped children. The programme also develops therapeutic aids for the recovery of the children and helps to integrate them into their families and communities.

6. In conclusion, we urge UNICEF and international non-governmental organizations to consider the physical, psycho-social, mental and spiritual needs of children and their families when developing strategies better to meet the needs of children in the 1990s.

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STATEMENT BY WORLD MOVEMENT OF MOTHERS

1. We support the UNICEF response to the needs of the children of Eastern Europe, of which Mr. James P. Grant, UNICEF Executive Director, spoke on 16 April 1990. While acknowledging the importance of continuing assistance to developing countries, we cannot totally ignore the needs of children living in industrialized countries.

2. At this point we wish to call the attention of delegations to this meeting to the needs of the children who were victims of the Chernobyl atomic disaster which occurred in 1986. The affected countries are Sweden, Finland and, in particular, the Byelorussian Soviet Socialist Republic and the Ukrainian Soviet Socialist Republic. Some 52,000 children are registered as living in the regions of Kiev, Zhytomyr and Chernykhiw. These children have been exposed to high doses of radioactive iodine. The mortality rate among children has tripled since the Chernobyl disaster. There is, thus, an urgent need for medical assistance: medications are either in very short supply or completely unavailable; specialized personnel are totally lacking; and paediatric clinics are very few and far between, with outdated equipment.

3. UNICEF would appear to be the most appropriate and the most trusted body to co-ordinate aid to the children of Chernobyl.

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